



HIV/AIDS, STD & TB Prevention DISTRICT OF COLUMBIA

HIV/AIDS Epidemic

District of Columbia reported 15,841 cumulative AIDS cases to CDC as of December 2003.

Cumulative AIDS Diagnoses by Mode of Exposure, through 2002

*N = 15,132

SOURCE: DC Department of Health



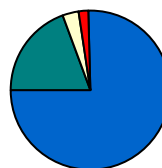
*Percentage totals may be greater or less than 100 due to rounding.

- MSM (48%)
- IDU (26%)
- Heterosexual Sex (14%)
- Unknown (6%)
- MSM/IDU (4%)
- Perinatal (1%)
- Transfusion (1%)

Cumulative AIDS Diagnoses by Race/Ethnicity, through 2002

*N = 15,132

SOURCE: DC Department of Health



*Percentage totals may be greater or less than 100 due to rounding.

- African American (75%)
- White (20%)
- Hispanic (3%)
- Unknown (2%)
- (2%)

Sexually Transmitted Diseases (STDs)

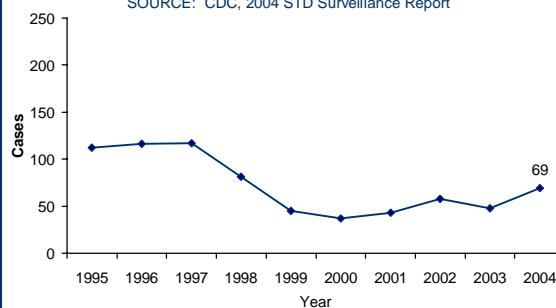
Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In District of Columbia the rate of P&S syphilis decreased 37% from 1995-2004.

- District of Columbia had 12.2 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 13 in 1995 to 1 in 2004.

P&S Syphilis Cases in District of Columbia, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report



Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

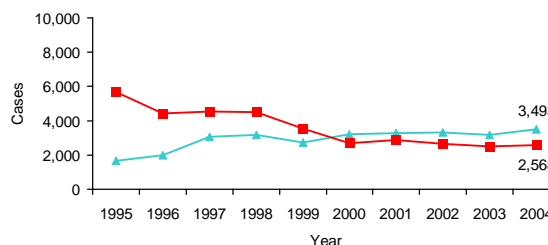
- The District of Columbia's 2004 chlamydial infection rate of 618.9 per 100,000 and a gonorrhea infection rate of 455 per 100,000 persons.
- The rate of chlamydia among District of Columbia women (988.4 cases per 100,000 females) was 5 times greater than District of Columbia men (198.8 cases per 100,000 males).

Chlamydia and Gonorrhea Cases in District of Columbia

1995-2004

SOURCE: CDC, 2004 STD Surveillance Report

— Chlamydia — Gonorrhea

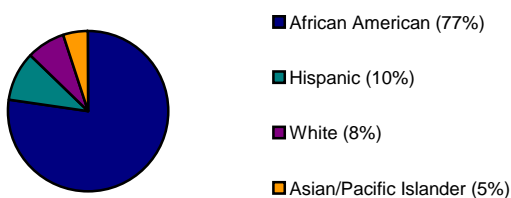


Tuberculosis

TB Cases by Race/Ethnicity, through 2003

*N = 79

Source: CDC, 2003 TB Surveillance Report



*Percentage totals may be greater or less than 100 due to rounding or missing data.

Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, District of Columbia reported

- A total of 79 TB cases with 77% affecting African Americans and 10% affecting Hispanics. In all, about 29% were among foreign-born persons.

Program Initiatives Supported by CDC

HIV/AIDS

Man2Man is a dynamic group of people sharing a common goal funded through the District of Columbia Health Department to build community among gay and bisexual men in the District. Man2Man strives to create community by building relationships that foster physical, sexual and emotional well-being and promoting healthy self-image and behaviors. Man2Man is committed to the development of man-to-man connections and community to improve individual health, happiness, and well-being and in turn minimize the risk for HIV and other sexually transmitted diseases.

Sexually Transmitted Diseases (STDs)

In response to the increase in STD morbidity among men who have sex with men, the DC STD Program strengthened and expanded its partnership with the Whitman Walker Clinic, Inc (WWC) by assigning a Disease Intervention Specialist (DIS) to WWC to provide coverage at two evening clinics. (WWC is the largest provider of STD health services to the MSM community in metropolitan DC.) The DIS provides immediate syphilis interviewing/counseling, partner notification, and appropriate field follow-up services, thereby efficiently increasing disease intervention opportunities. Additionally, the program continues to partner with the owner of the Crew Club, a popular health club with a large MSM clientele, to provide weekly venue-based syphilis, gonorrhea, Hepatitis B, chlamydia, and HIV testing and outreach. This effort allows the program to target and reach members of the MSM population at highest risk of acquiring STDs. Also, the owner of the club sponsored weekly "Syphilis is Back! Get Tested!" ads in two MSM targeted publications.

Tuberculosis (TB)

Tuberculosis (TB) continues to be a problem for the nation's capital. In 2004, there were 81 confirmed TB cases reported for a case rate of 14.2 per 100,000. This case rate is almost three times the national case rate in 2004 of 4.9 per 100,000. High rates of homelessness, HIV infection, poverty, and substance abuse all contribute significantly to the TB problem in Washington, D.C. In an effort to strengthen the TB control program and reduce the burden of TB in the community, local health department leadership requested and received an extensive TB program review by CDC Division of TB Elimination (DTBE) staff in 2005. Currently, the local program, in collaboration with DTBE staff, is hiring the key management staff needed to implement the recommendations produced by this review and improve TB control efforts in Washington, D.C.

National Center for HIV, STDs & TB Prevention Funding to District of Columbia, 2005 (US\$)

HIV/AIDS	\$19,255,698
STDs	\$2,407,113
TB	\$1,099,732

Health Officials

District of Columbia Health Official: Gregg Paine, MD, MPA
Email: gregg.paine@dc.gov **Phone:** 202/442-5955

AIDS Director:

Lydia Watts, Senior Deputy Director
 for HIV/AIDS Administration
 Department of Health
 717 14th Street NW, Suite 1000
 Washington, DC 20005
 (202) 727-2500
Lydia.watts@dc.gov

STD Director:

John Heath
 STD Control Program
 Department of Health
 717 14th Street NW, Suite 950
 Washington, DC 20005
 (202) 442-4884
jth1@cdc.gov

TB Controller:

Vacant